

made for the number of birth stated.

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or
City of Globe

affidavit attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

County Registrar No. _____

Local Registrar No. 131

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Dorothy Jean Stanfill

3. Sex of Child

To be answered ONLY
in event of plural
births.

Female

4. Twin, triplet or other _____

5. Legitimate? yes

7. Date

of birth July 24, 1928
Month day year

5. No., in order of birth _____

8. FATHER

Full name William Edgar Stanfill

9. Residence
(Usual place of abode)

If nonresident, give place and state

Globe, Arizona

14. MOTHER

Full maiden name Ethel Jammita Stuart

15. Residence
(Usual place of abode)

If nonresident, give place and state

Globe, Arizona

10. Color or race

white

11. Age at last birthday 24 (Years)

16. Color or race

white

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

(State or country)

Globe, Arizona

18. Birthplace (city or place)

(State or country)

Temple, Texas

13. Occupation,

Nature of industry

Truck driver for Bakery

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living Two
(b) Born alive but now dead one
(c) Stillborn none

21. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:40 P.M. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.

Given name added from
supplemental report

Month, day, year.

Signature

Address

T.C. Harper
Globe, Arizona

(Physician or midwife)

Filed 8/4

Filed _____

19 _____

19 _____

Local Registrar.

County Registrar.

Registrar.

423-724-592